



COMMONWEALTH of VIRGINIA

Department for the Aging

Julie Christopher, Commissioner

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Note: The web addresses (links) in this document may change over time. The Department for the Aging does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

COMMONWEALTH of VIRGINIA
Department for the Aging
Julie Christopher, Commissioner

MEMORANDUM

TO: AAA Directors

FROM: Julie Christopher,
Commissioner

DATE: May 23, 2006

SUBJECT: Communications Survey

As you know, VDA makes every effort to combine routine technical assistance materials, notices, announcements, and program updates in the Tuesday emailing. This keeps each VDA staff person from bombarding you with letters, memos, TA materials, etc. throughout the week. Hopefully, by focusing the majority of our communications in one emailing each Tuesday, we make life easier for you.

As far as I can tell, however, the last time VDA formally asked you for feedback on communication was in 1999. So, I am taking this opportunity to get your input in three areas. Please respond directly to me with your comments, concerns, and suggestions:

1. What types of information do you want VDA to provide through the Tuesday emailing?
2. Can VDA adjust the Tuesday emailing format or process to make it more useful for you?
3. How can VDA enhance, increase, and encourage communication with AAAs?

Thank you for taking a few minutes to reply to this request. Please respond by using the "reply" option in your email program or send your response directly to me at julie.christopher@vda.virginia.gov. You can also feel free to contact me at 804-662-9312.

1610 Forest Avenue, Suite 100, Richmond, Virginia 23229
Toll-Free: 1-800-552-3402 (Voice/TTY) • Phone: 804-662-9333 • Fax: 804-662-9354
E-mail: aging@vda.virginia.gov • Web Site: www.vda.virginia.gov

SUBJECT: Communications Survey
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Depending upon your responses, we may want to set some time aside at one of your upcoming V4A meetings to have further discussions around these issues.

Thanks.

c: Eldon James, Executive Director
Virginia Association of Area Agencies on Aging

COMMONWEALTH of VIRGINIA
Department for the Aging
Julie Christopher, Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

AND: Nutrition Directors
Disease Prevention and Health Promotion Staff

FROM: Elaine S. Smith, MS, RD
Program Coordinator

DATE: May 23, 2006

SUBJECT: June is Home Safety Month

June is Home Safety Month and a time to focus on ways to prevent unintentional injuries in the home. The Disease Prevention and Health Promotion Service Standard includes: *Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention (including fall and fracture prevention) in the home environment.*

If you responded to information in a previous Tuesday Mailing and ordered your Home Safety Month Starter Kit you have probably received the kit by now including the following:

- *Hands on Home Safety* brochures in English and Spanish
- *Hands on Home Safety* poster
- A mini-CD of resource materials from the 2005 campaign
- An order form

Or you may order online at:

www.homesafetycouncil.org/hsmrequest

Additional information about this year's unintentional injury prevention campaign can be found at:

www.homesafetycouncil.org

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SUBJECT: June is Home Safety Month
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Also on the subject of fall prevention there are CDC brochures for seniors and other safety information available at the CDC website:

<http://www.cdc.gov/ncipc/factsheets/falls.htm>

Finally, I have included an article on Tai Chi and senior's fear of falling. The article includes a helpful list of changes to make in the home to reduce risk of falling.

I hope you find this information helpful in your disease prevention and health promotion efforts. Please contact me at Elaine.Smith@vda.virginia.gov or 804-662-9319 if you have questions or comments.



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Home | Conditions & Treatment | Injuries | Tai Chi May Combat Seniors' Fear of Falling

Tai Chi May Combat Seniors' Fear of Falling

It's the fear of many older Americans – falling and injuring themselves. / their fears are not unfounded. According to the Centers for Disease Cont 33 percent of Americans, age 65 or older, have at least one serious fall each year.

With seniors leading increasingly active lifestyles, hip fractures have steadily increased. There was an increase of more than 80,000 incidents from 1988 to 1996. PM&R physicians help individuals rehabilitate and recover after a fall. But they realize that preventing falls in the first place the most effective way that they can help.

The reason falls in older people can be so serious is that healing occurs more slowly as we age. Other health factors such as osteoporosis, arthritis and weak cardiopulmonary systems can delay rehabilitation sessions and prevent full recovery.

The costs can also be staggering – especially for those lacking insurance with inadequate coverage. In 1997 the average first year costs of hip fractures were between \$16,300 and \$18,700

About 60 percent of falls occur at home during normal daily activities. According to PM&R physician Florian Keplinger, MD, seniors can reduce t risk of falling by making a few simple changes in their lives and their homes.

1. Increase the lighting in work and living spaces in order to see better. Keep a night light on.
2. Remove articles that rest on the floor that someone could trip on (rugs, footstools, grandchildren's toys!). Secure throw rugs with double-sided tape or get rid of them completely.
3. Install handrails on stairs; use non-slip mats in bathtubs and showers.
4. Review all the medications being taken with a physician or pharmacist. Many medications will affect people differently as they age, such as causing light-headedness or drowsiness.
5. Get routine eye and ear exams to catch any deficits.
6. Restrict pets to certain areas of the house.
7. Begin an exercise program to strengthen the body. Perform exercises that involve range of motion and isolation of different movements.
8. Wear sturdy shoes with thin, non-slip soles instead of running shoes.

with thick soles. Avoid slippers.

Studies have shown that the most effective fall prevention programs offered to seniors have reduced falls by 30-50%. These programs usually include a review of someone's current medications, risk factor reduction and safety modifications to their home, education, and the introduction of an exercise program. Tai Chi, a martial art that uses slow movements, has been proven to reduce the risk of falling for many seniors. The movement and philosophy of Tai Chi teach people to relax, slow down, coordinate the mind and body, and improve posture. Studies published in the Archives of Physical Medicine and Rehabilitation found that Tai Chi benefits cardiorespiratory function and that increased strength and balance can help prevent falls. The strength and balance that Tai Chi and other exercises build also boost self-confidence. All of these factors combine to make seniors feel stronger and more confident as they move.

The key to success with any of these fall prevention techniques is that older adults must take an active role in making these changes to their lives. For those individuals who have been injured from a fall, psychological counseling immediately after an injury may be one of the best remedies to avoid depression. But that can be difficult for a patient who has never needed any.

If you are interested in learning more about Tai Chi, check local community centers or health clubs for classes, or check out instructional videos from your video rental store. As always, check with your physician before beginning any new exercise program.

COMMONWEALTH of VIRGINIA
Department for the Aging
Julie Christopher, Commissioner

MEMORANDUM

TO: Executive Directors
Area Agencies on Aging

FROM: Marsha Mucha

DATE: May 23, 2006

SUBJECT: Commonwealth Council on Aging Meeting Minutes

Attached for your information are the minutes from the January 25, 2006
Commonwealth Council on Aging meeting.

If you have any questions or would like additional information, please let me know.

Commonwealth Council on Aging

Meeting Minutes

January 25, 2006

Virginia Department for the Aging

Members Present: Eugenia Anderson-Ellis Bill Parrish
Betty Bowden Judi Reid
Mary Lee Cantor Xavier Richardson
Dr. Barbara Chrisley Elvira Shaw
Thelma Gilley Gene Ecton Smith
Judith Koziol E. Harris Spindle, Jr.
Dr. Richard Lindsay Erica Wood
Gwen Mullen

Ex-Officio Present: Gail Nardi, *Department of Social Services*
Terry Smith, *Department of Medical Assistance Services*

Members Absent: Helen Cockrell
Norah Knutsen
Richard Lyons
Theresa Ransone

Guests: See attached list.

Staff: Jay. W. DeBoer, J.D., *Commissioner*
Bill Peterson, *Deputy Commissioner, Programs*
Tim Catherman, *Deputy Commissioner, Support Services*
Jack Kotvas, *Assistant Attorney General*
Marsha Mucha, *Administrative Staff Assistant*

Meeting Called to Order

Dr. Dick Lindsay, Chairman of the Commonwealth Council on Aging, called the meeting to order at 11:10 a.m. He welcomed everyone and asked guests to introduce themselves. Dr. Lindsay noted that he had invited the new Secretary of Health and Human Resources, Marilyn Tavenner, to today's meeting. She was unable to attend but said she was looking forward to meeting with the Council in the future. Dr. Lindsay will be meeting with Secretary Tavenner this afternoon at 4:30 p.m.

The minutes of the December 1, 2005 meeting were reviewed and approved as submitted.

Commissioner's Report

Commissioner DeBoer reported that today is "Aging Advocacy Day" in Virginia, which included the Virginia Center on Aging's Legislative breakfast earlier this morning. He noted that, after the breakfast, Council members and representatives of the Virginia Association of Area Agencies on Aging (V4A) visited the legislative offices of General Assembly members.

Commissioner DeBoer reported that the Virginia Department for the Aging (VDA) is following a number of measures in the General Assembly Session including:

- HB 110 –Would require every state agency, within its strategic plan, to consider aging services and address the impact of the agency’s actions on the aging community in at least five specific areas. Delegate Reid is sponsoring this bill as a follow up to HJR 103, which directed the Joint Legislative Audit and Review Commission (JLARC) to study the impact of Virginia’s aging population on the demand for, and cost of, state agency services, policies, and program management.
- HB 854 –Would require state agency heads to designate an employee to serve as an aging and disability point person to advise whether an agency action or inaction would have an impact on the aging or disability community.
- HB 997 and SB 668 –Would extend the sunset date for the Alzheimer’s Disease and Related Disorders Commission for three years.
- HB 856 –Would permit a public guardian or conservator to make burial arrangements for their ward.
- HB 1162 – Would provide for a congregate housing services pilot project. Over a period of time, four programs would be established that would provide a bundle of supportive home-delivered services in an existing congregate housing setting for seniors.

Commissioner DeBoer reported on several budget items before the General Assembly including:

Included in the Governor’s Budget

- Approximately \$1.2 million to ‘hold harmless’ those area agencies on aging (AAAs) that would have lost funding because of the demographic changes reported in the 2000 Census.
- \$150,000 for each year of the biennium to expand the Adult Guardianship Program.

Senate Budget Amendments

- \$390,000 for each year of the biennium to supplement private donations for Adult Daybreak Services (adult day care services) in the Bay Aging area.
- \$50,000 for each year of the biennium to establish a transportation mobility pilot project through Senior Connections. This is an AARP initiative to better coordinate transportation services for the elderly and disabled in the greater Richmond area.
- \$750,000 for each year of the biennium for continuation of VCU’s Geriatric Education Center. Dr. Lindsay noted that funding for geriatric programs has been removed from the federal budget.
- \$7.3 million for each year of the biennium to provide home-delivered meals. This reflects actual assessed unmet demands in the Commonwealth for home-delivered meals and is the primary legislative effort of V4A.

House budget amendments will be forthcoming.

Commissioner DeBoer thanked everyone for their cards, phone calls and good wishes during his recent illness and hospitalization.

Finally, Commissioner DeBoer reported that he also had personally invited Secretary Tavenner to today's meeting. He asked Council members to provide support and assistance to Secretary Tavenner as she assumes her new position as Secretary of Health and Human Resources.

Dr. Lindsay remarked that the Council has enjoyed and appreciated Commissioner DeBoer's leadership, wisdom and expertise and that Commissioner DeBoer's knowledge of the workings of the legislature has proved to be an invaluable asset to both VDA and the Council.

Legislative Committee Report

Dr. Lindsay thanked Mrs. Wood for her work on behalf of the Council as Chairman of the Legislative Committee.

Mrs. Wood followed up on Commissioner DeBoer's report by asking Council members to report on their legislative visits and advocacy in support of the Council's legislative platform.

During discussion, additional items in the Governor's budget were discussed including:

- an increase in the Medicaid waiver personal maintenance allowance from \$30 to \$70; and
- an adjustment in the auxiliary grant rate from \$944 to \$982 (higher in Northern Virginia).

In closing her remarks, Mrs. Wood explained that Council members should now be re-contacting their legislators and most especially those that serve on the health and human services subcommittees of the House Appropriations and Senate Finance Committees.

White House Conference on Aging Report

Dr. Lindsay reported that he was privileged to serve as a delegate to the White House Conference on Aging that was held this past December. This was the third White House Conference in which he has participated. He distributed a copy of the top 10 resolutions adopted by the White House Conference on Aging as well as a copy of the top 30 resolutions agreed upon by the Virginia delegation before the Conference convened.

He noted that this White House Conference on Aging had about half the number of delegates than the last Conference held in 1995. President Bush did not attend. Delegates had a total of 73 resolutions to review, of which they selected the top 50. Dr. Lindsay noted that delegates had no opportunity to change the resolutions. Delegates then had an opportunity to attend three working sessions to devise implementation strategies for the selected resolutions. Dr. Lindsay explained that he plans to convene the Virginia delegation periodically over the next few years to focus on federal and state follow-up of the resolutions adopted at the White House Conference on Aging.

Mrs. Reid commented that she agreed with Dr. Lindsay's remarks about the Conference. She added that the first afternoon of the Conference delegates had an opportunity to hear speakers on health and fitness and had an opportunity to participate in fitness activities. There was also an awards ceremony for those delegates who had submitted an essay on how much health and fitness meant to them. Mrs. Reid received a gold medal for her submission.

Mrs. Reid noted that she was honored to have been a delegate and to be able to vote and attend the sessions. Mrs. Reid encouraged either staff assistance from VDA or a delegate organizational structure for Virginia's future White House Conference delegates. Dr. Lindsay suggested that perhaps one of the criteria for selection of delegates to the next White House Conference on Aging should be that delegates be required to attend a session prior to the time they assemble in Washington. Delegates should also be willing to promote the Commonwealth through their activities at the Conference, such as through displays and samples of the Commonwealth's products.

Best Practice Awards Program Update

Dr. Lindsay distributed a list of the programs nominated for the Council's Best Practice Awards. He noted that he was delighted with the number of nominations received, their variety and interest areas. Dr. Lindsay explained that the next step would be a review of the applications by the selection panel.

Other Business

Other business items were discussed as follows:

- Ms. Nardi thanked the Council for their letter in support of an Adult Fatality Review Team. She reported that the bill had passed unanimously from the House Health, Welfare and Institutions Committee yesterday. She noted that a budget amendment has been submitted in the amount of \$105,000 for support of the Adult Fatality Review Team. She encouraged the Council's continued support as the bill moves through the Session.
- Dr. Lindsay presented the Compass Rose Award that he received on behalf of the Council from Senior Navigator.
- Mr. Catherman provided Council members with a brief update to the Commonwealth's Travel Reimbursement policies.
- Dr. Lindsay distributed a brief bio form for each Council member to complete.
- Dr. Lindsay appointed Mr. Parrish and Mrs. Gilley to serve on the Nominating Committee. The Council elected Mrs. Wood, Mrs. Reid and Mrs. Koziol to also serve. They will present their slate of officers at the May meeting. **Note: After the meeting, it was realized that officers serve two-year appointments according to the bylaws.**

Since elections were held in 2005, the Council will not be electing officers again until 2007.

- Dr. Lindsay reported that he hopes to attend a meeting in New York, which is focusing on New York's Project 2015 to ensure that New York state agencies are prepared for the needs of the growing number of older New Yorkers. Dr. Lindsay hopes to glean information that may be helpful to the Commonwealth as it is faced with similar issues.
- Ms. Gene Smith explained that it was very important that Mr. DeBoer continue serving as Commissioner of VDA. She noted Commissioner DeBoer's vast experience as a legislator, and his service to the Joint Commission on Health Care (JCHC) and JLARC. Ms. Smith recommended that the Council endorse Mr. DeBoer as the next Commissioner of Aging.

During discussion, Mrs. Wood noted that V4A had sent a letter of support for the reappointment of Mr. DeBoer as Commissioner of VDA. The Council voted unanimously to send a letter to the Governor and copy to the Secretary recommending the reappointment of Mr. DeBoer as Commissioner for Aging. A list of the Council members, along with their seat appointments, will also accompany the letter. The letter will be hand delivered by Dr. Lindsay this afternoon. (Note: Commissioner DeBoer was not in attendance during this part of the meeting.)

Public Comments

There were no public comments.

Next Meeting Date

The next Council meeting is scheduled for May 18, 2006, 10:00 a.m. at the VDA offices.

Adjournment

There being no further business, the meeting was adjourned at 2:00 p.m.


Mary Lee Cantor, Secretary


Date

COMMONWEALTH of VIRGINIA
Department for the Aging
Julie Christopher, Commissioner

MEMORANDUM

TO: Directors,
Area Agencies on Aging

FROM: Bill Peterson,
Deputy Commissioner for Programs

DATE: May 23, 2006

**SUBJECT: MEOC Receives Brookdale Grant of \$81,000 and is Featured in the
*Brookdale Respite Reporter***

Congratulations to Marilyn Maxwell and her staff! Attached is a copy of the latest (Spring) issue of the *Brookdale Respite Reporter*. Pages 1-4 feature the caregiver/teens/technology project sponsored by Mountain Empire Older Citizens (MEOC). MEOC also reports that they have been notified by the Brookdale Foundation that they will receive a grant of \$81,000 to replicate this project, develop a "how to" manual, and write a Best Practices white paper. Brookdale anticipates that MEOC's project will become one of their national model initiatives.

Attachment

BROOKDALE *Respite Reporter*

Spring 2006

Technical Assistance Office • 2320 Channing Way • Berkeley • CA 94704 • (510) 540-6734

Intergenerational Connections: Young Volunteers Reach Out to Elders

One of the strengths of the Brookdale National Group Respite Program is the tremendous contribution of time, effort and skill of the volunteers that work in Adult Day Programs throughout the United States. This large corps of volunteers is made up of people from all walks of life, and spans across multiple generations. The youngest of these volunteers are small children, not yet in school who, (with the guidance of adults) bring their playfulness and sense of wonder to a population often deprived of contact with children. School children, teens and young college students are also well represented in this nationwide effort to support and care for Alzheimer's families.

This intergenerational community involvement enriches group respite programs, shows elders that they are important members of the community, provides stimulating activities and offers encouragement and practical support. Young people are rewarded by the faces that light up when they enter the room. Professionals in this field of Alzheimer's care understand that their time is well spent carefully planning the collaborative



A gentleman and a preschooler from Lee County Headstart at Mountain Empire Older Citizens group respite program in Pennington Gap, Virginia.

programs coordinated with youth organizations. These efforts foster healthy community life for all ages.

In Big Stone Gap, Virginia in the heart of Appalachia, **Mountain Empire Older Citizens, Inc. (MEOC)** offers a host of intergenerational programs. Staff at their eight group respite program sites coordinate with a variety of organizations serving youth, including Head Start programs, child daycare programs and a Christian school to provide intergenerational activities. Very

special friendships and bonds develop between young and old because of the time spent together. Julia Trivett-Dillon, Director of Family Support Services states, "Our participants benefit greatly from being around the children and it always proves to be a valuable experience for the children, as well; there are always lots of hugs and stories shared." High school students also participate in programs that serve people with Alzheimer's and their family caregivers.

One example is an innovative, very successful project called Teens Tutoring Caregivers Project (TTCP), which paired teen mentors with caregivers wishing to learn how to use computers. As a result of the

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project, caregivers learned to navigate a computer, send and receive e-mails, participate in online chats on topics related to caregiving, and research health information on the World Wide Web. A surprise development at the completion of the project was the launching of a monthly online support group facilitated especially for these computer-savvy caregivers.

In 2004, **MEOC**, with the aid of a grant from The Alzheimer's and Related Diseases Research Award Fund administered by The Virginia Center on Aging of Virginia Commonwealth University (ARDRAF), initiated this joint project with The Wise County Public Schools. The other community partners that shared in the planning and implementation of this project were the LENOWISCO Planning District, the University of Virginia's Health Sciences Library Outreach at Wise College and The Northeast

The first task of the TTCP project was to recruit a group of high school juniors from Powell Valley High School in Big Stone Gap, Virginia, and then train them to act as tutors for adult caregivers of people with Alzheimer's. The training received by teen mentors included: an Overview of Adult Learning Principles, an Orientation to Alzheimer's Disease and Alzheimer's Caregiving, A Computer Training Module, and a session to practice their new training skills. Upon completing this in-depth training, teen mentors were ready to share their computer knowledge with willing caregivers and guide them through the cyber world of the Internet.

Seventeen students served as teen mentors for twenty-five caregivers. The project was deemed a success by the project partners, the students and the caregivers who participated in the computer training classes. Students remarked that they learned

a lot about effective communication techniques and the importance of patience in their role as mentors. These high school juniors also expressed their awe of caregivers and appreciation for the difficulties of caring for a person with Alzheimer's.

Caregivers shared their delight at the newfound computer skills that they learned from their teen mentors. Some caregivers

now view computers as a helpful tool for keeping in touch with family and friends and reducing the feeling of isolation.

Hands of Grace-Faith in Action in Delta, Ohio has also established a wide variety of partnerships with community-based youth programs and schools. Children and youth of all ages visit the Adult Day Programs throughout the year on a coordinated, carefully planned schedule. This proactive approach to intergenerational programming is employed to optimize the enjoyment and benefits to elders and children. For example, activities coordinated with the two preschools housed on-site are planned for a half an hour or less, one time per month. Activities include story time, holiday celebrations such as a Halloween costume parade, craft projects, or sharing seasonal treats. Lynn Buchele, Program Coordinator explains "planning a brief visit avoids the over stimulation that can happen with these high-energy little ones." Even though most intergenerational programs are scheduled in advance, these tiny tots will occasionally make a short, spontaneous visit with the teacher to present elders with gifts made especially for them, such as "Happy First Day of Spring" cards. Another surprise is that even home schooled children find ways to connect with elders in the community's by volunteering to prepare and serve lunch at the adult day program.

A first grade class decided on their own to schedule a program at the **Hands of Grace** respite program.



Teen mentors and caregivers in a computer training class.

Tennessee-Southwest Virginia Alzheimer's Association.

their delight at the newfound computer skills that they learned from their teen mentors. Some caregivers

They planned and performed a reading skit, which allowed children who were just learning to read an opportunity to practice reading to an audience. Respite program participants were delighted to receive the attention of these thoughtful students. After the show, elders and children shared popcorn and punch to celebrate the success. A participant, in the moderate stages of dementia took on the task of wheeling around a cart loaded up with little cartons of popcorn. As a former elementary school teacher, she handled the job of passing out treats to children with ease and purpose. In other program activities however, she had trouble remembering what she was doing a moment before. The visit from the community-minded first graders was a huge boost to her self-esteem.

A number of high school students have also chosen [Hands of Grace](#) as the site for their community service projects. Zach is one student who went far beyond the prescribed project timeframe and scope of activities required by his school. He elected to attend the volunteer training program to learn about dementia care and communication techniques. He then maintained a regular schedule at the respite program where he was appreciated for his fine listening skills and kind, smiling eyes. Zach is now contemplating a career as a Physical Therapist.

Another program that has been very successful in the group respite program is an annual visit by a special education class from a local

high school. During the visit, these young students, all of whom have developmental delays, present

nessed mutual compassion in action,” during these fun, memorable gatherings.

“We’ve been delighted with the can-do attitudes of these caregivers. Some were already emailing each other after only one lesson. They’ve been adventuresome, and have tried things on their own. It’s been wonderful to see them use the Internet and see the friendships and the relationships that have been formed in the sessions, and the understanding they have gained about what’s out there to help them.”

– Marilyn Pace Maxwell, Executive Director of Mountain Empire Older Citizens, Inc. and Co-Principal Investigator. [The Teens Tutoring Caregivers Project](#) was developed by Marilyn Pace Maxwell and Dr. Michael Creedon, based on the findings of the “Tech World: An Information Portal” project

something they made for the respite participants, engage in a structured group discussion, and share a snack that was made for the occasion. At a recent visit on St. Patrick’s Day, the intergenerational revelers enjoyed an Irish biscuit together. The group discussion for the day was carefully planned and facilitated so everyone had a chance to share thoughts and ideas on the chosen subject. The question was asked, “What is your favorite animal?” While some folks were comfortable talking about beloved pets and animals they like, some students were quite shy and required a bit of gentle coaxing to speak to the group. Several respite program participants tuned into this need for encouragement and did their part to reach out to these young people. The high school students in turn had opportunities to be helpful to elders and exercise patience towards others. Lynn Buchele shared that she “wit-

Successful intergenerational programs such as the examples highlighted in this article are taking place in group respite programs all over the country. Young people are demonstrating through their actions and commitment of time that they honor elders and see them as valued members of the communities in which they live. Marilyn Pace Maxwell reflected that “giving up five Saturdays to be a Teen Tutor is a lot for a teenager.” The caregivers that received the computer training expressed their appreciation of the Teen Tutors with comments such as “the students took the time to explain,” “my student made it seem easy” and “she (the teen mentor) was real sweet, very personable. She never even looked at me like I was dumb!”

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Hands of Grace in Ohio and **Mt. Empire Older Citizen's** in Virginia make a special effort to recognize these inspiring young volunteers. Each year, all of the children, teenagers and college students that have volunteered at **Hands of Grace** throughout the year receive a personalized invitation to the Volunteer Recognition Celebration. In Big Stone Gap, Teen Tutors were publicly recognized at their school's Annual Awards Convocation for their exemplary community service on behalf of caregivers. These young citizens were also presented with a plaque to commemorate their special contribution to the Teens Tutoring Caregivers Project. It is clear from these stories that a strong community spirit is alive and well in the hearts of the young. With solid collaborative relationships and skillful preparation, service organizations can foster the natural bonds that reach across the generations. □



A program participant and Zach enjoying each other's company at the Hands of Grace group respite program in Ohio.

Avoiding Common Pitfalls in Intergenerational Programming

By Caroline E. Crocoll

Former Program Director, Generations United

Successful intergenerational programs live and grow through meticulous and methodical planning. It is possible to develop high caliber programs where young and old work together to serve their communities by creating new programs where they serve side by side, or by incorporating intergenerational components or projects into existing programs.

Strong programs result from concerted efforts to avoid common pitfalls in program design by incorporating basic guiding principles into intergenerational programs. In particular, principles related to issues such as reciprocity, meeting real community needs, appropriate partnering, program planning, involving stakeholders, and participant reflection, can become problematic if not addressed in the program's design and implementation.

Intergenerational programs are an increasingly popular way of sharing resources by bringing young and old together in mutually beneficial exchange. Over the last thirty-five years, hundreds and possibly thousands of intergenerational pro-

grams have cropped up in communities throughout the United States. These programs have proven particularly effective because they meet numerous needs of young, old, families, and communities. By incorporating proven guiding principles into your program design and implementation, you can avoid pitfalls in intergenerational programming and maximize the benefits of intergenerational activities in your community for people of all ages.

With the six guiding principles outlined below, we hope to assist you in building strong programs, developing support for intergenerational initiatives in your community, and educating people on the benefits of intergenerational activities.

For more information on Generations United (GU)'s intergenerational program efforts, please contact GU at 202- 289-3979 or gu@gu.org.

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Guiding Principles

Reciprocity Is Essential

Programs should reflect a balanced relationship among young and old participants - each gives; each receives. This exchange is planned, clearly stated, and incorporated in the goals and activities of the program. The exchange is mutual and explicit.

Activities Meet Real Community Needs

United in common purpose, young and old work side by side to get things done in their communities. The mission is to serve the community. People work together to determine projects that address the needs of the community that are valued by the community. The long-term intention is to foster systemic change.

Partnerships Created By The Program Building Community

Program developers bring young and old together to serve their community, collaborate with a variety of community groups on program design, build on existing relationships and resources, communicate with one another, and have a shared vision of how the community will benefit.

Careful Planning And Preparation Is Vital

Experienced operators of intergenerational community service programs know that good programs do not just happen by bringing young and old together. Careful planning and organization are always necessary. Preparation and support of both young and older people are vital investments that pay off in high quality program results.

Involve Young And Old As Decision Makers

Programs are stronger when younger and older participants are involved in all stages of program development. Young and old work together to make decisions regarding such issues as activities, training, recognition, and program expansion. Stakeholder involvement in decision-making will help to foster buy-in and commitment to the program.

Reflection Is Planned

Reflection must be a planned program activity, a structured period where young and old participants examine the meaning of their service experience from the viewpoint of benefits delivered to the community, personal interpretations such as growth or change within themselves, and the value of intergenerational relationships. □

Traveling the Journey of Alzheimer's:

An Interview with Author Ann Davidson



Ann and Julian Davidson

A newly published book, titled, *A Curious Kind of Widow, Loving a Man with Advanced Alzheimer's* by Ann Davidson offers an intimate view of life as a caregiver of a husband with progressive dementia. In the book's Foreword, Dan Kuhn, MSW, author of *Alzheimer's Early Stages: First Steps for Family, Friends, and Caregivers*, writes, "Ann first chronicled the early stages of her spouse's disease in *Alzheimer's, A Love Story*. In this sequel, she describes her beloved Julian's decline into the late stages and her struggle to cope with his moods and behaviors.... With clarity and insight, Ann describes many markers on her long journey: enlisting the help of others, enrolling Julian in an adult day-care center, moving him into a residential care facility, and visiting him regularly until he dies peacefully." In this interview, author Ann Davidson shares insights and reflections on her life with Dr. Julian Davidson, her husband of forty-one years.

What led you to write this book?

My husband's Alzheimer's shattered our lives. At the same time, deeply meaningful and moving times occurred. Writing about events relieved some of my stress. I didn't want to forget what was happening. This book was written to show what living with Alzheimer's was like. I wanted to show the full life of a person with advanced dementia. Although my husband was severely impaired, he still expressed love, joy, playfulness, humor and a desire for pleasure.

There are few people to talk to about living with Alzheimer's. You wear people out, because caregiving goes on for years; more and more people fall away. Too many people "write off" friends with advanced Alzheimer's, and your world shrinks. If you are lucky, a few people hang in there with you.

I wanted to capture some of my profound interactions with Julian. I came to understand things through the process of writing. Initially, I believed that intellect and language were the most important traits in a human being. Then I was forced to face the question: how can you live with someone who can't talk?

I learned to find the essence of my husband's humanity. I chose to stay emotionally connected and enjoy Julian as a full human being - even with advanced dementia.

At first, I regarded placement as "the end," and was terrified by the thought of residential care. Gradually, I learned there could still be happiness, joy and meaning to his life in a care facility, even though it was profoundly sad. I made a choice to look for that joy.

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Was this your way of “Choosing Life” as you quoted from the Torah in your book?

Well, that choice is offered you all the way along. A kiss and a hug may appear after two hours of non-responsiveness, but it's worth it. What enabled me to make our life not horrible was to seek out these moments; learning to live in the moment is crucial. If you can learn to do that, you may find enjoyment for yourself and your loved one.

Love is a thread that is woven throughout your book. What might you say about the lovable essence of a person with dementia?

That lovable essence is what is left. Alzheimer's Disease takes most everything else away. Love is what enabled me to go forward with Julian. I got back love and affection until the last day. Not every day. Not all the time. But if I was patient and observant enough, it shone through.

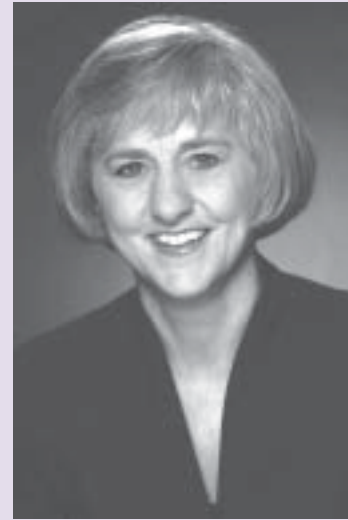
In the residential facility, I saw many people turn away from their relatives. Professionals in dementia care can help folks from turning away. Many family members are angry because of past hurts and disappointments. It may be easier to find love for the person if you work on forgiveness. Also, many people are terrified of dementia. They don't know how to behave, or what to say.

Families often struggle over the decision to place a loved one in residential care. They may feel they are giving up too soon and letting their loved one down. I came to realize that I was still caring for my husband, but in a new way. In the residential center, many people helped care for him. Freed

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Is There an Eldercare Stigma?

By LeAnn Thieman



Is there a stigma about caring for the elderly? Are family members hesitant to tell their bosses, friends or neighbors about their roles as caregivers?

Before I read thousands of stories to write *Chicken Soup for the Caregiver's Soul*, I didn't want to accept that possibility. So recently, I posed the question to Jo Huey, an Alzheimer's specialist in her nineteenth year of working with persons with that and other related disorders.

“Yes, family members are hesitant,” says Jo. “First of all, people are sometimes reluctant to even identify themselves as caregivers. They feel so responsible; it's overwhelming. They are exhausted, yet reluctant to discuss their feelings and duties for fear they may sound ungrateful, disloyal or whiney. Consequently, it is very difficult for caregivers to bring up the subject.”

As I speak to caregivers all over the world, I notice too, that they frequently talk about someone else who is providing care but avoid talking about themselves. Are caregivers embarrassed to discuss their roles and chores?

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“They are embarrassed,” Jo admits, “but not for themselves—for their loved one whose dignity would be compromised if everyone knew their current state. That’s why caregivers don’t talk about it—they are protective of those they love.”

“I talk about it!” claims Bill Andrews with pride when we meet. “It’s an honor to care for her,” Bill says about the past 11 years of his 54-year marriage caring for his wife with late-stage Alzheimer’s. The mind of the woman he loves is gone, yet her wheelchair-bound body has not suffered the usual consequences of the illness, thanks to Bill’s impeccable care. “Her spirit,” this faith-filled prayerful man insists, “is still here, inside. I’m proud of how she’s doing—of how I’m doing, and I’ll tell the world.”

And indeed he does as he shares his first hand knowledge and expertise in a weekly column on Caregiver’s Home Companion Website. “It’s not easy, but it’s a joy to fulfill our wedding vows, ‘til death do us part,” Bill adds, wiping a tear from his eye.

Bill suggests the reason many people don’t talk to their friends about caregiving is for fear they’ll desert them. “They can’t understand and don’t know what to do or say—so they don’t do or say anything.”

Talking with Jo Huey and Bill Andrews confirmed my own opinions of why eldercare discussions are taboo. “No one wants to talk about getting old or the consequences of it,” Jo says. “It is a ‘morbid’ subject. When I say I work in eldercare, the 100% response is, ‘That must be so depressing.’”

This is where my theory comes in, that our society is losing its admiration and respect for the aged. We distance ourselves from them both geographically and emotionally. Rarely do grandparents live with families who respect them as matriarchs and patriarchs, the tradition held by past generations. Now Grandma and Grandpa are too often scattered, disconnected, forgotten, and warehoused.

Often we deny not only them, but the entire aging process. I frequently tease that the reason I don’t dye my hair is because I am on a one-woman crusade to show the world we must honor and embrace aging. Yet advertisers spend billions annually to convince us that growing old is bad, to be avoided at all costs. There are dyes to apply, creams to rub on, and pills to take to avoid signs of aging.

In Native American communities, growing old is honored and elders are revered. “They hold the heart and spirit of our culture with their wisdom, songs, stories, language and life knowledge,” says D.J. Eagle Bear Vanas, an Odawa Indian and

international motivational storyteller, speaker, and author. “They are esteemed not just because they hold precious information that we need to survive, but because of *who* they are. Elders are honored in many ways; they come first; they always eat first, and in times of scarcity, this is the highest demonstration of love you can bestow.”

To corroborate my theory, DJ adds, “In our native cultures, our elderly are not to be discarded, shipped off or ignored as many in general society practice today. They aren’t an *issue* to be dealt with—they are treasured.”

My five-year-old nephew came home from school and announced that his class was going to visit the “wise ones.” It took a phone call to the teacher to learn they were going to visit a nursing home. This great teacher may be on a one-woman crusade too—to change our society’s view and value of our elderly.

“We caregivers have to show the world the joy in caregiving,” Bill Andrews insists. “But that’s something no one but a caregiver can understand.”

from his daily physical care, I was able to be completely available for him emotionally. I tried to make my trips to visit him a joyful event.

What would you look for in a residential care facility?

In our case, I needed a physical environment that was safe and let Julian to go outside. I chose this particular facility because he could walk all he wanted and spend a lot of time outdoors in fresh air. The environment allowed him to be free to be himself. He could wander at night and be completely safe; many facilities allow nighttime wandering. But most important is the kindness, caring and skill of the staff.

Sleep deprivation seemed to be a devastating aspect of caring for Julian. What advice do you have for families challenged with this situation?

Realize that you can't go on for long deprived of sleep. This problem must be solved. Some possible solutions are: medication, hiring a night attendant, sleeping in a different room, (as I did), but only if the person is safe alone in a room. While your loved

one is at an adult day program, go home and take a nap to make up for lost sleep. Chronic lack of sleep is often what tips home care over to make placement necessary.

When caregivers are sleep deprived, they are not at their best. When you are not rested you often feel frantic or crazy; this doesn't lead to kindness and understanding. I absolutely had to take care of myself to be a good caregiver. Many of our difficult times resulted from my own fatigue and frustration.

How to interact with a demented person doesn't come naturally. One learns from trial and error. Patience that is needed is not there when you are exhausted from lack of sleep.

I learned a lot about how to interact more successfully from watching the day care staff and going to workshops on dealing with difficult behaviors. Eventually I felt, "Julian is getting worse, but I am getting better." I had to do all the adjusting. As I grew more skillful, life got easier at home.



Ann and Julian enjoying a musical moment

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“We need to change the perception of caregiving,” Jo Huey says with a passion she exudes in her three books. “We need to show the good parts.”

And there are many good parts. When I read the thousands of stories submitted for the book, I was awestruck by the gifts caregivers found in the giving. They discovered traits in themselves they hadn’t realized—strength, compassion, wisdom. These may not have been unveiled had they not cared for their elderly loved ones.

Caring for the aged is a gift, a privilege to be shared with the world. But until we as a society “treasure” our elderly and put them first, we will not end the stigma of eldercare.

So let’s get started. Share the gifts in the giving. □

LeAnn Thieman is a certified speaking professional, author and nurse. She is co-author of *Chicken Soup for the Caregiver’s Soul*, *Chicken Soup for the Nurses Soul*, *Chicken Soup for the Christian Woman’s Soul*, *Chicken Soup for the Father and Daughter Soul* and *Chicken Soup for the Grandma’s Soul*. To learn more about her books and presentations contact 877-844-3626 (877-THIEMAN) or www.LeAnnThieman.com.

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“Caring for the elderly should be one of the greatest sources of pride - what could be a more honorable role than to care for those who created our heritage?”

- Le Ann Thieman

What kind of home environment is recommended for families of elders living with dementia?

Greatly simplify the environment, minimize visual clutter, and reduce choices - for example, in the closet. I removed many objects and stripped the house of non-essential knick-knacks so Julian could find what he needed. This enables the person to be as independent as possible. Limit choices, but also give choices to allow mastery and self-control. You are constantly finding the line between independence and dependence.

Knowing what you do now about caring for a loved one with advanced dementia, what would you look for in an adult day program?

A program that is dementia-specific, with a friendly and safe environment. A warm, cheery social situation where the staff is upbeat and the person gets regular validation. The greeting time is very important; saying, "we are so happy to see you," means a lot to both participants and families.

What should adult day care program professionals keep in mind when encouraging families to try group respite for their loved ones?

Many families feel that they are the best ones to care for their spouse, parent or sibling. They know what the person wants and needs. They think "he won't like it" or "I don't deserve it." They suffer from guilt trips and the "shoulds." Many caregivers are flooded with these thoughts. These are some barriers to trying adult day care.

Professionals can reassure families that they are justified having time for themselves, and that respite is essential to good caregiving. It will give them time to do errands, get things under control, rest. Even have fun. It is humanly impossible to be with someone who has dementia day after day without time for re-fueling.

Tell them about the benefits for their loved one, even if they don't like it at first. People often come to enjoy adult day care once they get used to it.

Encourage families to try it five times, or begin slowly an hour at a time.

I got a lot of help and reassurance from the day care staff. Their cheerfulness and their warm welcome were very important.

The person who comes to day care is socially deprived. Their world has shrunk down to very little. They often feel limited and worthless. At adult day care, Julian was valued; he was treated as important, and people were genuinely happy to see him. He enjoyed the positive attention.

You and Julian enjoy music throughout the story. What insights would you like to share about the benefits of music?

Music can be one way to relate without speaking. Communication through music can happen in many ways: listening to tapes together, singing, clapping, and dancing. Music has many moods and feelings, and its effect can reach people with dementia, whose feelings are very much alive. This is extraordinarily important. Day programs should have music as a part of each day's program.

Music can be soothing, comforting, uplifting, energizing and can touch many other emotions. It is a way for caregivers to interact. Julian and I sang songs together for the last six years. Not always the words, but humming the tunes, tapping out rhythms. We exchanged a lot of emotion through singing. We met through melodies. In the care center, we would snuggle up and listen to music together. I could feel that he was calm and peaceful and I felt calm too. Alzheimer's teaches you to live in the moment; at that moment, we were simply holding hands, listening to music. Mozart was playing in the last hours of his life. □

Order *A Curious Kind of Widow* from your local bookseller or contact Fithian Press at P.O. Box 2790, McKinleyville, CA 95519, or by phone 800- 662-8351, or e-mail susan@danielpublishing.com.



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Announcing the 2006 Group Respite Grant Initiative

We are pleased to announce a Request for Proposals (RFP) to develop new social model, dementia-specific group respite programs for Alzheimer's families. Grant applications are due on **July 6, 2006**. Non-profit organizations and public agencies are eligible to apply. Grantees are funded for up to two years (\$7,500 in the first year, renewable at \$3,000 in the second). Agencies must develop an adult day program that includes:

- Dementia-specific services serving two populations – the dementia participants and their family caregivers;
- Structured activities designed to provide socialization and cognitive stimulation, maximizing remaining functional and cognitive skills according to the needs of individual participants;
- Services provided in small groups (five to 15) outside of the home;
- Professional staff leadership supported by trained volunteers;
- Regular hours of operation, with availability of at least one day per week, four hours per session;
- Individual assessments, care plans, and defined admission and discharge criteria; and
- Access to supportive services for caregivers such as support groups, information and referral services, and education forums.

This service must be a new initiative. Expansion of existing dementia programs or the extension of days or hours is excluded. In addition to direct financial support, grantees receive ongoing technical assistance, and an orientation and training conference.

To receive RFP guidelines, a grant application, and a copy of the publication *How to Start and Manage a Group Activities and Respite Program for People with Alzheimer's Disease and Their Families*, please contact Evelyn Yuen, TA Resources Manager, Phone: (510) 540-6734, Fax: (510) 540-6771 or e-mail: ey@brookdalefoundation.org. For more information, please visit our website at www.brookdalefoundation.org.

The Brookdale National Group Respite Program is a program of The Brookdale Foundation.

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